CHEDULE 5-E			í	PAGE 1		
EMIZED INDEPENDENT EXPENDITURES				IFOR LINE	7 OF FORM 5	
ME OF FiLER (In Full) anned Parenthood Action Fund of Santa Barbara, Ventura	and San Luis Obispo Co	ountie	25			
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Full Name (Last, First, Middle Initial) of Payee			Date			
Santa Maria Times			M M H I I D D I Y Y Y Y			
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P.O. Box 400			Amount			
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Purpose of Expenditure	Category/	Office	Sought:	House	·	
Newspaper Advertisement	Type 004	J		Senate	State:	
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.,		Cher	k One:	x Support	Oppese	
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Calendar Year-To-Date Per Election 3,275.99 for Office Sought		Disbu	Disbursement For: Primary X General 12  Other (specify)			
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Purpose of Expenditure	Category/	Office	e Sought:	House	State: CA	
Newspaper Advertisement	Туре	1		x Senate	District:	
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for Office Sought	2,365.04	1		r (specify)		
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Purpose of Expenditure	Category/	Offic	e Sought:	x House	State: CA	
Newspaper Advertisement	Type 004			Senate	District: 24	
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(a) SUBTOTAL of Itemized Independent Expenditures	•••••••	٠.		<b></b>	1,455,.93	
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(b) SUBTOTAL of Unitermized Independent Expenditures	***************************************		Jan. 1		•	
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(c) TOTAL Independent Expenditures(carry total from last page forward to Line 7)						
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